

Kentucky Office of Insurance
Property & Casualty Division
P.O. Box 517
Frankfort, KY 40602-0517

Affidavit for Surplus Lines Insurance Transactions

(per KRS 304.10-050 and 806 KAR 10:050)

This form MUST be completed in its entirety and notarized. All information is required. This form may be copied but no alteration is permitted.

SECTION 1 – GENERAL INFORMATION

Name(s) of Insured: _____

Mailing Address of Insured: _____

Policy Number: _____ Inception Date: _____ Expiration Date: _____

Type of Transaction (check one): New Business _____ Renewal _____ Endorsement _____ Cancellation _____ Audit _____

Transaction Effective Date if Other Than Policy Inception Date: _____

Issuing Company(s) & NAIC# (All Participating Companies Must Be Listed, attach additional page if needed)

Company #1 _____ NAIC # _____

Company #2 _____ NAIC # _____

Company #3 _____ NAIC # _____

* Copy of Transaction Document, e.g. Declaration page or Premium Bearing Endorsement, Must Be Attached*

Type of Policy (check one)

<input type="checkbox"/>	Aviation	<input type="checkbox"/>	Commercial Multiple Peril	<input type="checkbox"/>	Liability-Liquor
<input type="checkbox"/>	Auto-Commercial Cargo	<input type="checkbox"/>	DIC-Earthquake/Flood	<input type="checkbox"/>	Liability-Municipal/Other Govt.
<input type="checkbox"/>	Auto-Commercial Liability	<input type="checkbox"/>	Farmowners Multiple Peril	<input type="checkbox"/>	Liability-Products
<input type="checkbox"/>	Auto-Comm'l Physical Damage	<input type="checkbox"/>	Fire & Allied Lines	<input type="checkbox"/>	Liability-Professional Medical
<input type="checkbox"/>	Auto-Private Passenger Liability	<input type="checkbox"/>	Homeowners Multiple Peril	<input type="checkbox"/>	Liability-Professional Non-Medical
<input type="checkbox"/>	Auto-Private Pass. Physical Damage	<input type="checkbox"/>	Inland Marine	<input type="checkbox"/>	Livestock
<input type="checkbox"/>	Boiler & Machinery-Mech. Breakdown	<input type="checkbox"/>	Liability-General	<input type="checkbox"/>	Umbrella & Excess Liability
<input type="checkbox"/>		<input type="checkbox"/>		<input type="checkbox"/>	(WC) Excess or Stop Loss

SECTION 2 – SURPLUS LINES TAX COMPUTATION

	Company #1	Company #2	Company #3
Premium:	_____	_____	_____
ANY Fees:	_____	_____	_____
TOTAL(S):	_____	_____	_____
3% S.L. Tax	_____	_____	_____
1.5% KY Surcharge	_____	_____	_____
Local Gov. Premium Tax	_____	_____	_____

SECTION 3 – BROKER VERIFICATION SECTION

Name of Surplus Lines Broker: _____

Agency Broker is Affiliated With: _____

As a licensed Surplus Lines Broker, under KRS 304.10.120, and in Compliance with KRS 304.10-050, being duly sworn, state I as a KY licensed P&C agent, or a KY licensed P&C agent who has certified to me, am/is unable to secure sufficient insurance coverage for the above captioned insured, per KRS 304.10.040, and have caused to be bound the insurance coverage as outlined in the attached copy of the original certificate. The insurer(s) with whom this coverage is placed meet or exceed the minimum requirements for surplus lines insurers as prescribed by KRS304.10-070. I, or the KY licensed P&C agent, have/has endeavored to secure this insurance from insurers licensed in Kentucky and, having been rejected, have advised the assured that his/her coverage is being insured by a Surplus Lines carrier which is not licensed to do business in Kentucky.

I further state that the insurance placed with said unauthorized insurer(s) was not sought or required to secure advantage, either as to premium or term of insurance contract.

Surplus Lines Broker Signature

Broker's License Number

Sworn and subscribed before me this _____ day of _____, _____.

_____, Notary Public. My Commission Expires _____